County: Wood NORWOOD HEALTH CARE - FDD 1600 NORTH CHESTNUT MARSHFI ELD 54449 MARSHFIELD 54449 Phone: (715) 384-2188
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 29
Total Licensed Bed Capacity (12/31/00): 29
Number of Residents on 12/31/00: Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County **FDDs** Yes No 29 29 \*\*\*\*\* Average Daily Census: 28

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	10. 3 10. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	82.8	Under 65	82. 8	More Than 4 Years	79. 3
Day Servi ces	No	Mental Illness (Org./Psy)	3. 4	65 - 74	13.8		
Respite Care	No	Mental Illness (Other)	13.8	75 - 84	3. 4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	****************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0. 0	95 & 0ver	0.0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	17. 2	[	
Transportation	No	Cerebrovascul ar	0. 0			RNs	6. 7
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	0. 7
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	<b>69.</b> 0	Aides & Orderlies	71. 4
Mentally Ill	No			Female	31. 0		
Provi de Day Programming for			100. 0				
Developmentally Disabled	Yes				100. 0		
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## Method of Reimbursement

		Medica (Title			Medic Title			0th	er	Pri	vate	Pay		Manageo	d Care		Percent
			Per Dien	1		Per Die	n		Per Dien	n		Per Diem	1	Ŭ l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0.0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				29 10	00.0	\$144.47	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	29	100.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		29 10	00.0		0	0.0		0	0.0		0	0.0		29	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Assi stance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents 66.7 Private Home/With Home Health 0.0 Baťhi ng 31.0 69.0 0.0 29 Other Nursing Homes 33. 3 Dressing 65. 5 24. 1 10.3 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 93.1 29 0.0 0.0 6. 9 29 89.7 10.3 0.0 Toilet Use 0.0 29 0.0 Eating 93.1 6. 9 0.0 Other Locations 0.0 Total Number of Admissions Continence Special Treatments Percent Discharges To: Indwelling Or External Catheter Receiving Respiratory Care 0.0 3.4 Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder 41.4 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 31.0 0.0 Other Nursing Homes 100 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 Mobility 0.0 Physically Restrained 0.0 3.4 **58.** 6 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics 0.0 Deaths 0.0 With Pressure Sores 0.0 Have Advance Directives Total Number of Discharges With Rashes 37.9 Medi cati ons Receiving Psychoactive Drugs (Including Deaths) 51. 7

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	-			The state of				
	Thi s		DD		11			
	Facility	Fac	ilities	Faci	lties			
	%	%	Ratio	%	Rati o			
Occupancy Rate: Average Daily Census/Licensed Beds	96. 6	85. 5	1. 13	84. 5	1. 14			
Current Residents from In-County	82. 8	42. 1	1. 96	77. 5	1. 07			
Admissions from In-County, Still Residing	100. 0	19. 5	5. 13	21. 5	4. 65			
Admissions/Average Daily Census	10. 7	16. 4	0. 65	124. 3	0. 09			
Discharges/Average Daily Census	3. 6	19. 2	0. 19	126. 1	0. 03			
Discharges To Private Residence/Average Daily Census	0. 0	9. 2	0. 00	49. 9	0. 00			
Residents Receiving Skilled Care	0. 0	0. 0	0. 00	83. 3	0. 00			
Residents Aged 65 and Older	17. 2	16. 2	1. 06	87. 7	0. 20			
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1. 45			
Private Pay Funded Residents	0. 0	0. 5	0. 00	22. 6	0. 00			
Developmentally Disabled Residents	82. 8	99. 3	0. 83	7. 6	10. 83			
Mentally Ill Residents	17. 2	0. 5	34. 14	33. 3	0. 52			
General Medical Service Residents	0. 0	0. 2	0. 00	18. 4	0. 00			
Impaired ADL (Mean)*	15. 9	50. 8	0. 31	49. 4	0. 32			
Psychological Problems	51. 7	45. 9	1. 13	50. 1	1. 03			
Nursing Care Required (Mean)*	12. 1	11. 0	1. 10	7. 2	1. 69			
nuising care kequited (wear)	12. 1	11.0	1. 10	1.2	1.09			